



**City
of
Milwaukee**

EMPLOYMENT APPLICATION for CIVIL ENGINEER I

Dept. of Employee Relations
Room 706, City Hall
200 E. Wells St.
Milwaukee, WI 53202-3515
(414) 286-3751
TDD (414) 286-2960
www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT. Please:

1. Use a typewriter or PRINT answers in black ink (for copying purposes).
2. Answer all questions in UNSHADED areas. Credit may NOT be given for incomplete information. Leave SHADED areas BLANK.
3. Print your Last Name in the left margin.
4. DATE and SIGN on the reverse side.
5. Keep a copy of completed application materials for your files.

LAST NAME

EXAM # -08-053G

Name _____
Last First M.I.

Address _____
Apt. # _____

City State Zip Code

Email: _____

Day phone: () - _____

Evening phone: () - _____

Social Security Number - - - - -

Do you currently live in the city of Milwaukee?

☐ Yes. When did you become a resident?
(month/year) _____

☐ No

NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.

List any other names by which you have been known on official records:

Are you 18 years of age or older? ☐ Yes ☐ No If under 18, how old are you? _____
years months

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
EDUCATION AND TRAINING			
Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12			
Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Name and Location of High School _____			
Have you passed a high school equivalency or G.E.D. Test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.			
NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO MO. YR. MO. YR.	CREDITS EARNED
MAJOR OR FIELDS OF STUDY		TYPE OF DEGREE/DATE COMPLETED	

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No

If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO MO. YR. MO. YR.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/DATE COMPLETED

Are you legally authorized to work permanently for any employer within the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):																			
If you are CURRENTLY <input type="checkbox"/> or were PREVIOUSLY <input type="checkbox"/> employed by the City of Milwaukee, list the following:																			
POSITION TITLE	DEPARTMENT	EMPLOYEE ID #	FROM (MO./YR.) TO (MO./YR.)																
<p>If you have ever been convicted of an offense, including felonies and misdemeanors, or have charges pending, other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, YOU MUST PROVIDE YOUR BIRTHDATE ON PAGE 10. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.</p> <p>Use separate sheet if necessary:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CHARGE</th> <th style="text-align: left;">DATE</th> <th style="text-align: left;">LOCATION</th> <th style="text-align: left;">COURT DISPOSITION OF CASE</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				CHARGE	DATE	LOCATION	COURT DISPOSITION OF CASE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____																
_____	_____	_____	_____																
_____	_____	_____	_____																
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.																			

READ CAREFULLY BEFORE SIGNING -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE _____

DATE _____

EDUCATION & TRAINING

[illegible]

NOTE: Copies of transcripts **MUST** be submitted with application or sent **immediately** to the attention of:

Mr. Tim Keeley
Department of Employee Relations
Room 706 City Hall
200 East Wells Street
Milwaukee, WI 53202.

1. What was/is your overall Grade Point Average (GPA) for your **Undergraduate degree**? _____
2. What was/is your overall Grade Point Average (GPA) for your **Graduate degree** (if applicable)? _____
3. What was/is the **major emphasis or specialty area** of your Civil Engineering Undergraduate degree? (Structural, Environmental, etc.)? _____

Please list the coursework you completed in your major emphasis below:

Name of Course	Credits Earned	Final Course Grade

(add additional sheet if more space is needed)

4. What, if any, was/is the **secondary** emphasis in your Civil Engineering Undergraduate Degree: _____

Please list the coursework you completed in your **secondary** emphasis below:

Name of Course	Credits Earned	Final Course Grade

(add additional sheet if more space is needed)

5. If you completed a **Graduate-level degree in Civil Engineering**, what was the emphasis? _____

Please list the coursework in your **Civil Engineering Graduate-level emphasis**:

Name of Course	Credits Earned	Final Course Grade

(add additional sheet if more space is needed)

6. Please list any professional organizations of which you have been or presently are a member:

Name of Organization	Membership dates (Month/Yr – Month/Yr)	Office Held

WORK EXPERIENCE

List your previous work experience. Treat each change of job title as a new entry. Begin with your present position and work back. (If necessary, attach additional sheets using the same format).

- Title _____ Salary/Wage _____ per _____
- From _____ To _____ Total No. of Months _____ Hours/week _____
- Employer: _____
- Address _____
- City _____ State _____ Zip Code _____
- Supervisor's Name and Title _____
- Reasons for leaving _____
- Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

B. Previous Employer

1. Title _____ Salary/Wage _____ per _____
2. From _____ To _____ Total No. of Months _____ Hours/week _____
3. Employer: _____
4. Address _____
5. City _____ State _____ Zip Code _____
6. Supervisor's Name and Title _____
7. Reasons for leaving _____

8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

C. Previous Employer

1. Title _____ Salary/Wage _____ per _____

2. From _____ To _____ Total No. of Months _____ Hours/week _____

3. Employer: _____

4. Address _____

5. City _____ State _____ Zip Code _____

6. Supervisor's Name and Title _____

7. Reasons for leaving _____

8. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

_____ % _____

_____ % _____

_____ % _____

_____ % _____

_____ % _____

Briefly describe any other training and experience you have had which would qualify you for this position - if you have not provided the information elsewhere on this form.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

A signer

A reader

Extra time

Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

MILITARY SERVICE

APPLICANT'S NAME _____ DATE _____

*** Read carefully if you may be eligible for veteran's preference points. ***

Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.

Military Status

- ☐ Enlisted, drafted or commissioned--active duty
☐ Enlisted or commissioned reserve or National Guard service
 --active duty for training only
 Date Entered Active Duty: _____

Date Terminated Active Duty: _____

If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.

Period of Service

- ☐ August 27, 1940-July 25, 1947
☐ June 27, 1950-January 31, 1955
☐ August 5, 1964-January 1, 1977
☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
☐ Afghanistan War (September 11, 2001 to date to be determined)
☐ Called to active duty in 1961 by Executive Order No. 10957
☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
☐ Enlisted or commissioned reserve or National Guard service--active duty for training only
 Date Entered Active Duty: _____
 Date Terminated Active Duty: _____
 Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

Spouse's Period of Service

- ☐ August 27, 1940 - July 25, 1947
☐ June 27, 1950 - January 31, 1955
☐ August 5, 1964 - January 1, 1977
☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
☐ Afghanistan War (September 11, 2001 to date to be determined)
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☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

City of Milwaukee
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
LAST
FIRST
MIDDLE

2. Position Applied for: **CIVIL ENGINEER I**

Recruiting information: How did you **FIRST** hear about this job opening? (Please check only one)

- A. ☐ Milwaukee Journal Sentinel
- B. ☐ Other Newspaper (please specify) _____
- C. ☐ City Hall Posting
- D. ☐ Library Posting
- E. ☐ Community Agency Posting (please specify) _____
- F. ☐ College or University Posting (please specify) _____
- G. ☐ From a City Employee
- H. ☐ From Someone who is NOT a City Employee
- I. ☐ Job Hotline Number (414-286-5555)
- J. ☐ Received Job Interest Postcard in mail
- K. ☐ Job Fair/Career Talk (please specify) _____
- L. ☐ TV (please specify station) _____
- M. ☐ Radio (please specify station) _____
- N. ☐ **www.milwaukee.gov/der**
- O. ☐ Other internet site (please specify) _____
- P. ☐ OTHER (please specify) _____

2. Sex (please check one): MALE _____ FEMALE _____

3. Race (please check one):
- ☐ Black/African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

4. List any languages, other than English, which you speak **FLUENTLY**: _____

5. **Please list your birthdate** _____. Your birthdate will be used for conviction verification only.

6. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____